

In-person Interpreter Request Form

Please return completed forms by fax or email at least **5 business days before the appointment** to ensure the interpreter can be scheduled. **Cancellations require at least 48-hour notice to HPSM before the appointment request date.** Please note that your request is not considered fulfilled until you receive a confirmation email from HPSM verifying that the interpreter has been scheduled.

If you have questions about in-person interpreters, email interpreters@hpsm.org

HPSM Language services

Email: interpreters@hpsm.org

Fax: 650-616-8235

Patient information:

Patient's name (first and last name)

Date of birth:

HPSM Member ID #:

HPSM program enrollment:

CareAdvantage

ACE Program

HealthWorx

HPSM Medi-Cal

Appointment information:

Type of interpreter: Spoken language interpreter Language:

In-person interpreter for American Sign Language (ASL)

Type of appointment

Appointment date:

Start time:

Appointment duration:

Additional instructions:

Provider information:

Provider's name:

Provider's email:

Address of clinic or practice:

Name of contact at appointment site:

Contact's phone:

Contact's email address:

Name of person requesting interpreter:

Phone:

Date Submitted: